UNITED STATES BANKRUPTCY COURT

_	DISTRIC	ΓOF <u>DELAWARE</u>
In Re. CarePoint Health Managemen Intermediate Holdco, LLC	t Associates § § §	Case No. 24-12537
Debtor(s)	§	☐ Jointly Administered
Monthly Operating Repor	t	Chapter 11
Reporting Period Ended: 01/31/2025		Petition Date: <u>11/03/2024</u>
Months Pending: 3		Industry Classification: 6 2 2 1
Reporting Method:	Accrual Basis	Cash Basis
Debtor's Full-Time Employees (current)	:	0
Debtor's Full-Time Employees (as of dat	e of order for relief):	0
Statement of cash receipts and d	ed schedules must be provided isbursements nmary and detail of the asset r loss statement) ionals s conciliations for the reportin	~ 1
/s/ Shamiq Syed Signature of Responsible Party 04/07/2025 Date		Shamiq Syed Printed Name of Responsible Party 308 Willow Avenue, Hoboken, NJ 07030
		Address

STATEMENT: This Periodic Report is associated with an open bankruptcy case; therefore, Paperwork Reduction Act exemption 5 C.F.R. \S 1320.4(a)(2) applies.

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Debtor's Name CarePoint Health Management Associates Intermediate Holdco, LLC

Pa	rt 1: Cash Receipts and Disbursements	Current Month	Cumulative
a.	Cash balance beginning of month	\$0	
b.	Total receipts (net of transfers between accounts)	\$0	\$0
с.	Total disbursements (net of transfers between accounts)	\$0	\$0
d.	Cash balance end of month (a+b-c)	\$0	
e.	Disbursements made by third party for the benefit of the estate	\$0	\$0
f.	Total disbursements for quarterly fee calculation (c+e)	\$0	\$0
	rt 2: Asset and Liability Status	Current Month	
a.	ot generally applicable to Individual Debtors. See Instructions.) Accounts receivable (total net of allowance)	\$0	
b.	Accounts receivable (total net of anowance) Accounts receivable over 90 days outstanding (net of allowance)	\$0	
	Inventory (Book Market Other (attach explanation))	\$0	
c.	Total current assets	<u></u> _	
d		\$0	
e.	Total assets	\$0	
f.	Postpetition payables (excluding taxes)	\$0	
g.	Postpetition payables past due (excluding taxes)	\$0	
h.	Postpetition taxes payable	\$0	
i.	Postpetition taxes past due	\$0	
j.	Total postpetition debt (f+h)	\$0	
k.	Prepetition secured debt	\$0	
1.	Prepetition priority debt	\$0	
m.	Prepetition unsecured debt	\$0	
n.	Total liabilities (debt) (j+k+l+m)	\$0	
0.	Ending equity/net worth (e-n)	\$0	
Pa	rt 3: Assets Sold or Transferred	Current Month	Cumulative
a.	Total cash sales price for assets sold/transferred outside the ordinary		
	course of business	\$0	
b.	Total payments to third parties incident to assets being sold/transferred outside the ordinary course of business	\$0	\$0
c.	Net cash proceeds from assets sold/transferred outside the ordinary		
	course of business (a-b)	\$0	\$0
	rt 4: Income Statement (Statement of Operations)	Current Month	Cumulative
	ot generally applicable to Individual Debtors. See Instructions.)	40	
a.	Gross income/sales (net of returns and allowances)	\$0	
b.	Cost of goods sold (inclusive of depreciation, if applicable)	\$0	
С.	Gross profit (a-b)	\$0	
d.	Selling expenses	\$0	
e. f	General and administrative expenses Other expenses	\$0	
f.	Other expenses Depreciation and/or amortization (not included in 4b)	\$0 \$0	
g. h		<u> </u>	
h. i.	Interest Taxes (local, state, and federal)	\$0 \$0	
i. j.	Reorganization items	\$0	
J. k.	Profit (loss)	\$0	\$0
м.	(1000)		

Debtor's Name CarePoint Health Management Associates Intermediate Holdco, LLC

art 5	: Profe	essional Fees and Expenses					
				Approved Current Month	Approved Cumulative	Paid Current Month	Paid Cumulative
	Debto	r's professional fees & expenses (ban	kruptcy) Aggregate Total				
	Itemiz	ed Breakdown by Firm					
		Firm Name	Role				
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Debtor's Name CarePoint Health Management Associates Intermediate Holdco, LLC

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Debtor's Name CarePoint Health Management Associates Intermediate Holdco, LLC

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				Approved Current Month	Approved Cumulative	Paid Current Month	Paid Cumulative
b.	Debto	Debtor's professional fees & expenses (nonbankruptcy) Aggregate Total					
	Itemi	Itemized Breakdown by Firm					
		Firm Name	Role				
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Debtor's Name CarePoint Health Management Associates Intermediate Holdco, LLC

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	xcix				
	С				
c.	All professional fees and expenses (debtor & committees)				

Pa	rt 6: Postpetition Taxes	Current Month	Cumulative
a.	Postpetition income taxes accrued (local, state, and federal)	\$0	\$0
b.	Postpetition income taxes paid (local, state, and federal)	\$0	\$0
c.	Postpetition employer payroll taxes accrued	\$0	\$0
d.	Postpetition employer payroll taxes paid	\$0	\$0
e.	Postpetition property taxes paid	\$0	\$0
f.	Postpetition other taxes accrued (local, state, and federal)	\$0	\$0
g.	Postpetition other taxes paid (local, state, and federal)	\$0	\$0
Pa	rt 7: Questionnaire - During this reporting period:		
a.	Were any payments made on prepetition debt? (if yes, see Instructions)	Yes O No •	
b.	Were any payments made outside the ordinary course of business without court approval? (if yes, see Instructions)	Yes C No •	
c.	Were any payments made to or on behalf of insiders?	Yes O No •	
d.	Are you current on postpetition tax return filings?	Yes No	
e.	Are you current on postpetition estimated tax payments?	Yes No	
f.	Were all trust fund taxes remitted on a current basis?	Yes No	
g.	Was there any postpetition borrowing, other than trade credit? (if yes, see Instructions)	Yes O No •	
h.	Were all payments made to or on behalf of professionals approved by the court?	Yes O No N/A	
i.	Do you have: Worker's compensation insurance?	Yes O No •	
	If yes, are your premiums current?	Yes No No N/A	(if no, see Instructions)
	Casualty/property insurance?	Yes No	
	If yes, are your premiums current?	Yes No N/A	(if no, see Instructions)
	General liability insurance?	Yes No	
	If yes, are your premiums current?	Yes No N/A	(if no, see Instructions)
j.	Has a plan of reorganization been filed with the court?	Yes No	
k.	Has a disclosure statement been filed with the court?	Yes No	
1.	Are you current with quarterly U.S. Trustee fees as set forth under 28 U.S.C. § 1930?	Yes No	

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Debtor's Name CarePoint Health Management Associates Intermediate

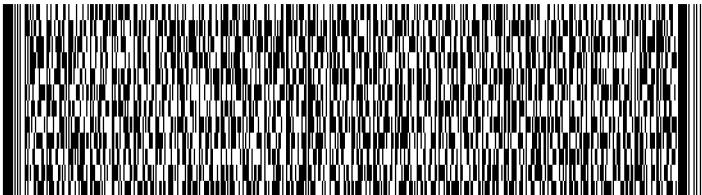
Case No. 24-12537

	Holdeo, EEC					
Par	rt 8: Individual Chapter 11 Debtors (Only)					
a.	Gross income (receipts) from salary and wages	\$0				
b.	Gross income (receipts) from self-employment					
c.	Gross income from all other sources	\$0				
d.	Total income in the reporting period (a+b+c)	\$0				
e.	Payroll deductions	\$0				
f.	Self-employment related expenses	\$0				
g.	Living expenses	\$0				
h.	All other expenses	\$0				
i.	Total expenses in the reporting period (e+f+g+h)	\$0				
j.	Difference between total income and total expenses (d-i)	\$0				
k.	List the total amount of all postpetition debts that are past due	\$0				
1.	Are you required to pay any Domestic Support Obligations as defined by 11 U.S.C § 101(14A)?	Yes O No •				
m.	If yes, have you made all Domestic Support Obligation payments?	Yes O No N/A •				
U.S thr bei is i lav ma Ex Re wv	704, 1106, and 1107. The United States Trustee will use this information S.C. § 1930(a)(6). The United States Trustee will also use this information ough the bankruptcy system, including the likelihood of a plan of reorgang prosecuted in good faith. This information may be disclosed to a bank needed to perform the trustee's or examiner's duties or to the appropriate for enforcement agency when the information indicates a violation or potential for routine purposes. For a discussion of the types of routine disclosur ecutive Office for United States Trustee's systems of records notice, UST cords." See 71 Fed. Reg. 59,818 et seq. (Oct. 11, 2006). A copy of the new justice.gov/ust/eo/rules_regulations/index.htm. Failure to provide this neversion of your bankruptcy case or other action by the United States Trustee's Trustee's the United States Trustee's provide this never of your bankruptcy case or other action by the United States Trustee's Trustee's provide this never of your bankruptcy case or other action by the United States Trustee's provide the United States Trustee's provide this never of your bankruptcy case or other action by the United States Trustee's provide the United States Trustee's provi	on to evaluate a chapter 11 debtor's progress nization being confirmed and whether the case is kruptcy trustee or examiner when the information rederal, state, local, regulatory, tribal, or foreign atial violation of law. Other disclosures may be resent that may be made, you may consult the resolution of law. The resolution of law and the result in the dismissal or				
I declare under penalty of perjury that the foregoing Monthly Operating Report and its supporting documentation are true and correct and that I have been authorized to sign this report on behalf of the estate.						
/s/	Shamiq Syed Shan	niq Syed				
		d Name of Responsible Party				
_		7/2025				

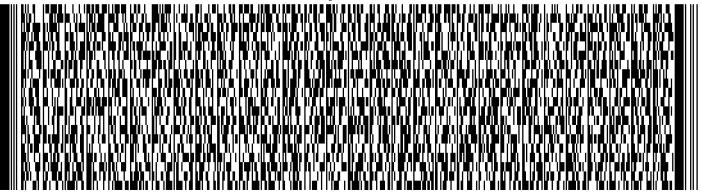
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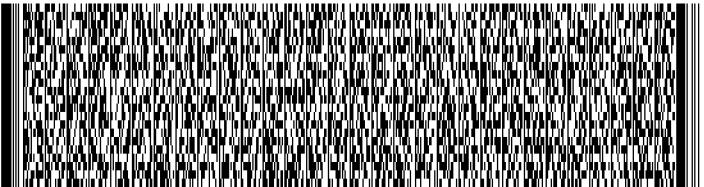
Debtor's Name CarePoint Health Management Associates Intermediate Holdco, LLC



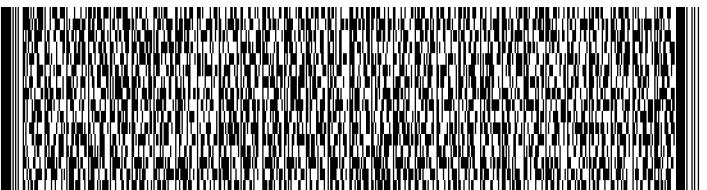
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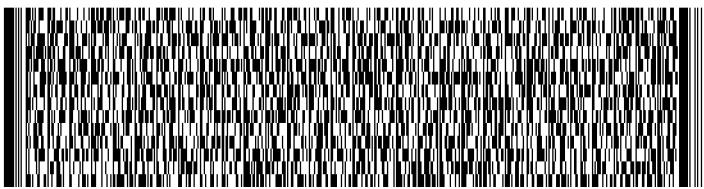
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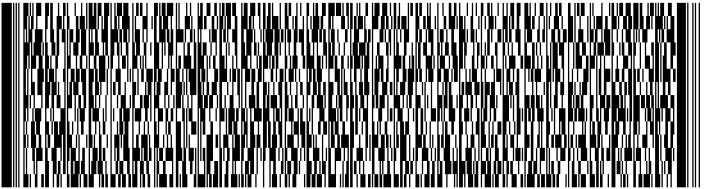
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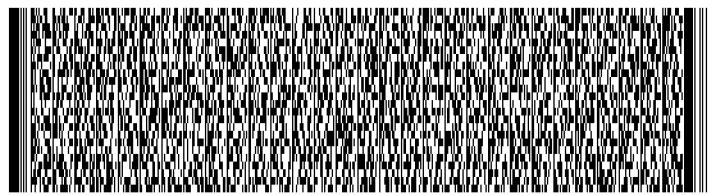


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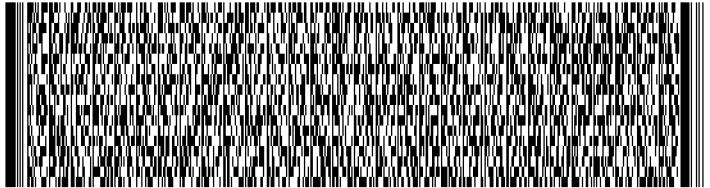
NonBankruptcy1to50

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